

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**  
**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**EMT-BASIC INSTRUCTOR/COORDINATOR CANDIDATE APPLICATION**

GENERAL INFORMATION (type or print)

Indicate local EMS Region I ☐ II ☐ III ☐ IV ☐ V ☐

Application Date \_\_\_\_\_

Name \_\_\_\_\_

Primary Occupation \_\_\_\_\_

Address \_\_\_\_\_

Work Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

e-mail address \_\_\_\_\_

1. Current Mass. EMT Cert. # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level (check one) ☐ EMT-MAST ☐ EMT-BASIC ☐ EMT-Intermediate ☐ EMT-Paramedic

2. Indicate any out-of-state certification/registration, current or previously held:  
State: \_\_\_\_\_ Level/Type of Cert./Reg: \_\_\_\_\_ Cert./Reg.#: \_\_\_\_\_ Expire Date: \_\_\_\_\_

3. Has your certification as an EMT and/or authorization to practice in Massachusetts or any other state ever lapsed, been suspended, restricted, and/or revoked? ☐ Yes ☐ No  
If yes, attach a separate letter explaining the circumstances.

4. Indicate provider service where you have worked on an ambulance as an EMT providing prehospital care (for a minimum of one year).  
Organization \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
From date: \_\_\_\_\_ To date: \_\_\_\_\_

5. Currently, how often do you use your Emergency Medical Care skills? ☐ Daily ☐ Weekly  
☐ Monthly ☐ Other \_\_\_\_\_ In what capacity? \_\_\_\_\_  
Organization \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
From date: \_\_\_\_\_ To date: \_\_\_\_\_

EDUCATIONAL BACKGROUND

6. Provide information indicating your education starting with high school. Include post high school education (NOT to include EMT training). Use additional paper if necessary.

NAME & ADDRESS OF INSTITUTION	DATES OF ATTENDANCE	DEGREE, DIPLOMA, CERTIFICATE RECEIVED/LAST FULL YEAR
_____	_____	_____
_____	_____	_____
_____	_____	_____

7a. Basic EMT instructor/coordinator training course information? **The training course MUST be completed before submitting this application.**

OEMS approval # \_\_\_\_\_  
Institution \_\_\_\_\_ Address \_\_\_\_\_  
Date you completed training course \_\_\_\_\_ Attach copy of course completion certificate.  
Name of instructor (s) \_\_\_\_\_

7b. **All** EMT levels of I/C candidates **must** have completed a 1994 DOT EMT-B curriculum refresher course. Enter OEMS approval number for course attended: OEMS Approval # \_\_\_\_\_

- 7c. If your EMT certification has ever lapsed and you were required to retake an EMT training course, provide the below listed information

Course (level/type) \_\_\_\_\_ Completion Date \_\_\_\_\_  
Institution \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

8. Indicate advanced EMT training (if applicable). Training level: \_\_\_\_\_

Use additional paper if necessary:

Course Name \_\_\_\_\_ Course Completion Date \_\_\_\_\_  
Institution \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 9a. Indicate where you were initially certified as a CPR/BLS Instructor?

Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Course Coordinator/Instructor \_\_\_\_\_  
Completion Date \_\_\_\_\_  
Name of Local AHA/ARC/NSC Chapter \_\_\_\_\_

- 9b. Indicate most recent recertification as a CPR/BLS Instructor?

Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Course Coordinator/Instructor \_\_\_\_\_  
Completion Date \_\_\_\_\_  
Name of Local AHA/ARC/NSC Chapter \_\_\_\_\_

- 9c. How often do you teach CPR? \_\_\_\_\_

Where do you teach? \_\_\_\_\_

#### SUPPLEMENTAL INFORMATION

10. Are you certified to instruct in other EMS related courses (e.g., First Aid, ACLS, BTLIS, PHTLS, Defensive Driving, etc.)? ☐ YES ☐ NO

If yes, please list below and attach copy of instructor authorization(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you currently involved in EMT training in Massachusetts? ☐ Yes ☐ No

If yes, provide information below:

Institution \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Your role or position \_\_\_\_\_ Length of time \_\_\_\_\_  
Your supervisor: \_\_\_\_\_ his/her Telephone Number ( ) \_\_\_\_\_

12. Are you registered or certified in any other allied health or EMS related field (e.g. RN, PA, resp. therapist, etc.)? ☐ YES ☐ NO

If yes, list below and attach copy of certificate(s)/license(s).

\_\_\_\_\_  
\_\_\_\_\_

13. Do you have any other background, affiliations or extra-curricular activities that might be relevant to your qualifications as an EMT I/C?

☐ YES ☐ NO

If yes, list below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Provide information about your last three (3) jobs. Start with your most recent job and work your way back in time. (If you have a current resume you may attach it).

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Brief description of duties and how they relate to EMS if applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

=====

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Brief description of duties and how they relate to EMS if applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

=====

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Your Job Title \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_  
 Brief description of duties and how they relate to EMS if applicable.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

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**PLEASE READ CAREFULLY AND THEN SIGN BELOW**

Have you ever been convicted of any misdemeanor or felony under the laws of Massachusetts or any other state, the United States, or a foreign country (*including a guilty plea or nolo contendere plea*)? Minor traffic violations need not be reported; however, any citation or conviction relating to driving an ambulance and any conviction for driving under the influence, reckless driving to endanger, and motor vehicle homicide must be reported. YES ☐ NO ☐

**Note:** You need not report the following misdemeanor convictions (1) a first conviction for: drunkenness, simple assault, speeding, minor traffic violation, affray, or disturbance of the peace, or, (2) a conviction for a misdemeanor where the date of the conviction or the completion of any period of incarceration resulting from the conviction, whichever is later, occurred more than five years ago, unless you have been convicted of any offense within five years of this application.

I authorize the Office of Emergency Medical Services and its staff to contact the Criminal History System Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. I understand that a criminal history check may be conducted.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Incomplete applications will be returned.** The Department of Public Health/Office of Emergency Medical Services has the authority to approve or deny applications for the position of EMT I/C.

**Return completed application packet to:**

**Office of Emergency Medical Services  
EMT-Basic I/C Coordinator  
2 Boylston Street, 3<sup>rd</sup> Floor  
Boston, MA 02116**

-----FOR OEMS USE ONLY-----

Regional committee review and recommendation:

Region I ☐ II ☐ III ☐ IV ☐ V ☐ Training Committee has reviewed this application and makes the following recommendation:

- ☐ The Region **recommends** approval of the candidates' application.
- ☐ The Region **does not recommend** approval of the candidates' application (documentation attached).
- ☐ The Region **declines** to provide a recommendation on candidates' application.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

=====

OEMS Review and Recommendation:

Application approved: ☐

Application not approved: ☐

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of OEMS approving authority \_\_\_\_\_

Application received complete: ☐

Application received incomplete: ☐

Application awaiting 1994 DOT EMT-B Refresher documentation: ☐

\_\_\_\_\_  
I/C training course completed, date: \_\_\_\_\_

Internship completed, date: \_\_\_\_\_

Location: \_\_\_\_\_

OEMS orientation completed, date: \_\_\_\_\_

OEMS action, date credentials issued: \_\_\_\_\_

OEMS Signature \_\_\_\_\_ Date \_\_\_\_\_

## INSTRUCTIONS

### LETTERS OF EVALUATION OEMS (Form 200/11)

#### EMT-Basic Instructor/Coordinator Application

Please give Letters of Evaluation to three people who can attest to your capabilities as an EMT, your potential as an Instructor/Coordinator, your commitment to EMS, and your character.

- One letter must be from an emergency department physician or an emergency department nurse who can attest to your competence as an EMT.
- One letter must be from an employer, supervisor, manager or training officer who can attest to your competence as an EMT.
- One letter must be from an individual who can provide a meaningful answer to question #7 concerning your ability to plan, organize and teach a course. This may be an official representative of the Red Cross, Heart Association, or the institution where you teach CPR and/or first aid.

Completed Letters of Evaluation shall be sent back to you so that you can submit them with your completed application.

Do not send Letters of Evaluation to OEMS without the application form!

A complete application should consist of the application; three (3) signed Letters of Evaluation, a completed and signed Training Institution/Sponsorship form and any other accompanying documents. Partial applications will be considered incomplete and will be returned to the applicant.

**EMT-Basic Instructor/Coordinator Candidate**

<b>LETTER OF EVALUATION</b>
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Name of Applicant:  
(*type or print*)Last

First

MI

Maiden

To the Evaluator:

The person listed above has applied to become an EMT instructor/coordinator. The EMT I/C trains candidates to become eligible for state certification as an emergency medical technician. The state EMS office attaches great weight to an applicant's qualifications that are not adequately reflected in past employment or training records. Therefore, you can help us in our evaluation of this applicant by responding frankly to the questions on this form. Use additional paper if necessary.

LETTER OF EVALUATION (*print or type*):

Your name: \_\_\_\_\_

Your position/title: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

1. How long have you known the applicant?
2. Under what circumstances have you known the applicant?
3. What are the applicant's main strengths as a prehospital care provider?
4. What are the applicant's main strengths as an instructor?
5. What are the applicant's main liabilities or weaknesses?
6. How well does the applicant communicate orally and in writing?
7. Assess the applicant's ability to do the following:

A. develop learning objectives,				
Unable to Judge	Below Average	Average	Above Average	Exceptional
[    ]	[    ]	[    ]	[    ]	[    ]

B. organize lesson plans,				
Unable to Judge	Below Average	Average	Above Average	Exceptional
[    ]	[    ]	[    ]	[    ]	[    ]

C. coordination of equipment, supplies and materials,				
Unable to Judge	Below Average	Average	Above Average	Exceptional
[    ]	[    ]	[    ]	[    ]	[    ]

## 7. Assess the applicant's ability to do the following: (CONTINUED)

D. coordination of assistant instructors, aids,				
Unable to Judge	Below Average	Average	Above Average	Exceptional
[ ]	[ ]	[ ]	[ ]	[ ]

E. presents classroom and practical information in an effective and time-efficient way,				
Unable to Judge	Below Average	Average	Above Average	Exceptional
[ ]	[ ]	[ ]	[ ]	[ ]

F. evaluates student performance, and fulfill administrative requirements.				
Unable to Judge	Below Average	Average	Above Average	Exceptional
[ ]	[ ]	[ ]	[ ]	[ ]

COMMENTS (use additional paper if necessary)

8. On the scale below, compare the applicant's ability to conduct them self in a professional manner with others, of the same general background, whom you have known during your professional career. Indicate the reference group (EMTs, employees, etc.).

Unable to Judge	Below Average	Average	Above Average	Exceptional
[ ]	[ ]	[ ]	[ ]	[ ]

COMMENTS (use additional paper if necessary)

9. OEMS would appreciate any additional statement you may wish to make concerning the applicant's commitment to teaching, Emergency Medical Services and his/her capacity to function as an EMT instructor/coordinator.

10. Summary Evaluation

[ ]\* I strongly recommend this applicant for consideration and feel that he/she has the capability to perform at a superior level as an instructor of basic level EMT candidates.

[ ]\* I recommend this applicant for consideration and feel his/her performance would be comparable to that of most instructors of basic level EMT candidates.

[ ]\* I feel that the applicant's qualifications are marginal, but if trained, the applicant would be able to function well as an instructor of basic level EMT candidates.

[ ]\* I do not/am unable to (circle one) recommend this applicant for consideration as an EMT-Basic instructor/coordinator.

\*Comments/reason(s) for above recommendation:

(SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

Return Letter of Evaluation to the applicant. The Office of Emergency Medical Services will accept from the applicant, only those letters of evaluation that accompany the I/C Application Packet.

**NOTE:** The applicant is entitled to have access to this letter once it becomes part of his/her permanent file at the Office of Emergency Medical Services, MGL c. 66A, §2(i).

Thank you for your cooperation and effort in providing this information.

I/C Training Coordinator  
Office of Emergency Medical Services  
2 Boylston, 3<sup>rd</sup> Floor  
Boston, MA 02116



**Training Institution/Organization Sponsorship (EMT-Basic I/C candidate)**

PURPOSE: This document must accompany any application packet for EMT-Basic Instructor/Coordinator training. It will serve as a "Letter of Need & Intent" from an institution/organization that provides initial EMT training (110-hour entry level course), indicating their need for an EMT I/C, their sponsorship of an individual for I/C status and their commitment to conduct EMT-Basic training courses.

REQUIREMENTS: The institution/organization must be a provider of the EMT-Basic course and must indicate a need for additional I/C staffing, as documented by past and projected course offerings and enrollments.

INTENT: Training and certification of I/C's utilizes personnel, time, equipment and other resources of the state and regional offices and training institutions. The intent of this sponsorship document is to insure that I/C's are trained as needed and are available where they are needed in the state.

1. Instructor/Coordinator candidate:

Name: \_\_\_\_\_ Mass. EMT # \_\_\_\_\_

2. Training institution or organization sponsoring candidate:

Name of institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

3. Program director at institution/organization (example: dean, department head or chief administrator, etc.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Ext.: \_\_\_\_\_

4. List EMT-Basic courses offered currently and offered over past 3 years by the training institution:

Course number	Start date, mos/yr	Student enrollment

Use additional paper, if needed.

5. Provide estimate of expected EMT-Basic course offerings and enrollment over the next two years at the institution:

Intended course start date, mos/yr	Estimate expected enrollment

Use additional paper, if needed.

#### 6. Recommendation/Sponsorship

The institution or training organization that I represent

☐\* I strongly recommend this applicant for consideration and feel that he/she has the capability to perform at a superior level as an instructor of basic level EMT candidates.

☐\* I recommend this applicant for consideration and feel his/her performance would be comparable to that of most instructors of basic level EMT candidates.

☐\* I feel that the applicant's qualifications are marginal, but if trained, the applicant would be able to function well as an instructor of basic level EMT candidates.

☐\* I do not/am unable to (circle one) recommend this applicant for consideration as an EMT-Basic instructor/coordinator.

\*Comments/Reason(s)for above recommendation:

I do/do not (circle one recommend and sponsor the above named candidate for training and certification as a EMT-Basic instructor/coordinator based on the faculty needs of the institution for its EMT-Basic training programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Program Director (named in item 3)*